



**MR TIM PRICE**

**EAR NOSE AND THROAT SURGEON**

BSc, MBChB, MRCS, DLO; FRCS (ORL-HNS) and FRACS

# Benign Paroxysmal Positional Vertigo (BPPV)

## What is B.P.P.V.?

B.P.P.V. is a common cause of vertigo and can affect one or both ears. It is more common with increasing age. It is an inner ear balance disorder.

The balance organ on each side has:

The utricle which detects movement up or down.

The saccule which detects movement from side to side, and forwards or backwards.

The three semicircular canals which detect rotation in three planes.

The utricle and saccule have receptor hairs loaded with tiny chalk-like crystals which help to detect small movements of your head. Some of the crystals from the utricle can become loose (this can happen after a head injury, after an ear infection or for no reason that we know of) and drift down through the fluid of the inner ear and end up in the Posterior Semicircular canal. This causes the symptoms of B.P.P.V. when the head is turned, because the crystals have inertia and continue to roll when the head stops and this sets up a reflex which makes the eyes flicker uncontrollably (Nystagmus). This makes you feel like you are spinning (rotational Vertigo).

## What are the symptoms of B.P.P.V.?

The typical symptom is short-lasting rotational vertigo described as a spinning or falling sensation. This can be triggered by rolling over in bed, lying back in bed or sitting up from a lying position, looking up or bending forward. You may feel a bit nauseous (sick) when you have the vertigo.

The feeling of vertigo only lasts for half a minute to a minute, and it will not happen unless you move your head in particular ways. You may have several episodes per day, but between the episodes you may have no problems with your balance at all.

B.P.P.V. will usually settle over about 3 few months without any treatment, but may come back again, usually within the first year.

There are 3 types of B.P.P.V. depending on which of the three semicircular canals in the inner ear is involved. The majority of cases (85%) are from the posterior canal and the following description just applies to that type of B.P.P.V.

### **How is B.P.P.V. diagnosed?**

Usually from the history of short-lived episodes of vertigo only happening after movement, and a positive positional test (Dix Hall Pikes) performed in the clinic. In this test you sit upright on the couch with your head turned to one side and extended, and the doctor will hold your head as you lie flat. If you have B.P.P.V. on this side you will feel the vertigo coming on after a few seconds. The doctor is looking for some rotatory movements of your eyes when you have the vertigo so will ask you to keep your eyes open. The vertigo will only last about 30 seconds. The test is then repeated looking to the other side.

### **How is B.P.P.V. treated?**

In some cases treatment is not needed, perhaps because the condition is starting to improve and the episodes of vertigo are settling down with time.

In other cases the vertigo is persisting and treatment is recommended. This is not a condition which will be helped by drugs and so exercises or manoeuvres (Epley's Maneuver) which are designed to return the dislodged crystals to where they came from may be attempted.

### **Where can I find more information?**

If you Google 'BPPV information leaflets' or 'Epley maneuver' there are many websites which explain the condition and the treatment.

Timothy Hain's dizziness and balance website has an enormous amount of information about vertigo. The page on B.P.P.V. is at:

<http://www.dizziness-and-balance.com/disorders/bppv/bppv.html>

[patient.co.uk](http://www.patient.co.uk) have a page on B.P.P.V.:

<http://www.patient.co.uk/health/Benign-Paroxysmal-Positional-Vertigo.htm>

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